

Name  
In  
Full

Mary Susan Bishop

## CERTIFICATE OF DEATH

Town

Sellers

County

Calvert

MARYLAND

Died at

Date

of death

190

Month

7 May

Day

4

Age

Year

32

Months

7

Days

2

Sex

Female

Color or  
Race

Colored

Birth-  
place

St Marys Co. Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of ~~Wife~~ or  
Husband

Albert Bishop

Father's  
Name

Robert Lee Kelly

Father's  
Birthplace

St Marys Co. Md

Mother's  
Maiden Name

Mary Celistia Butler

Mother's  
Birthplace

St Marys Co. Md

Name of person giving  
In formation

Albert Bishop

How related  
to deceased

Husband

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

4 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

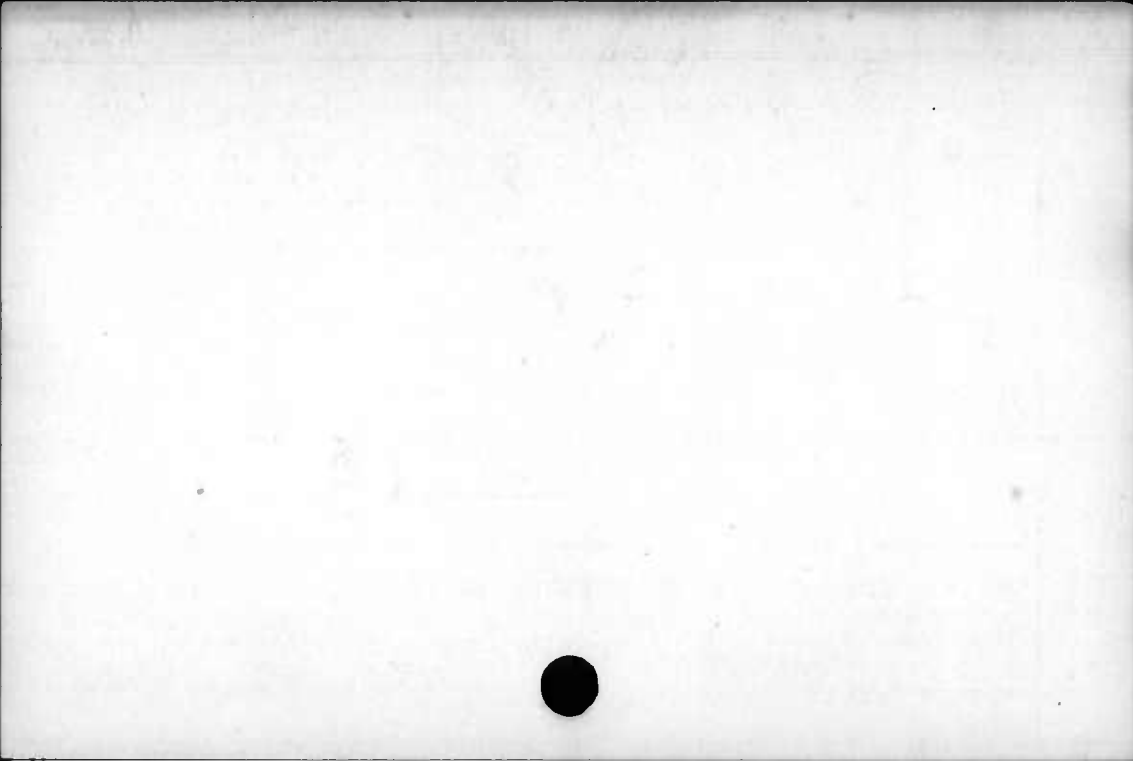
Signature of  
Physician

Geo F Chambers MD

Address

Lusby, Calvert Co

~~Accident or Suicide?~~TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ann Bowen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

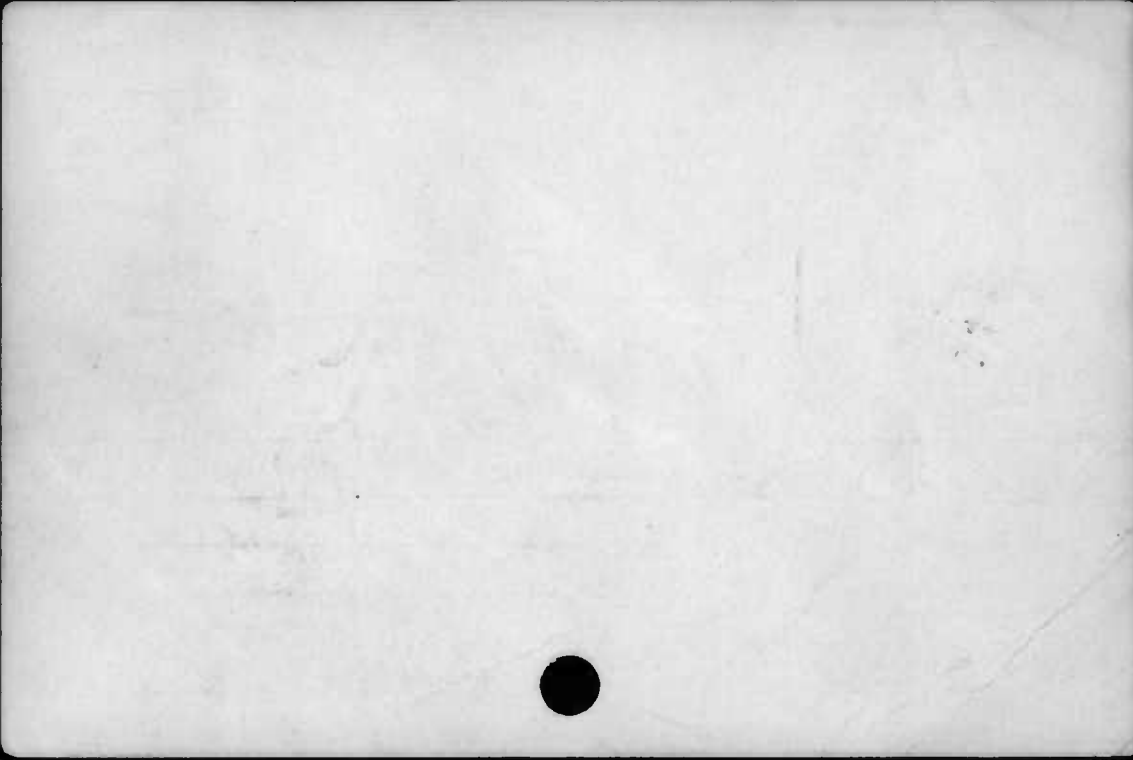
Died at		Town Pot Republic		County Calvert		MARYLAND	
Date of death		1907	Month May	Day 9	Years 86	Months	Days
Sex Female		Color or Race White		Birth- place Calvert Co			
Occupation General housework				Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband Geo. Bowen					
Father's Name Elisha Buckmaster				Father's Birthplace Calvert Co			
Mother's Maiden Name Sarah Hall				Mother's Birthplace Calvert Co			
Name of person giving In formation Edward Bowen				How related to deceased Grandson			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary Old Age		How long	
Immediate General debility		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. King	
		Address Barnston Md	
Accident or Suicide?			



Name  
in  
Full

Mary Ellen Lear

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Huntingtown*

Town

*Calvert*

County

MARYLAND

Date of death *1907 May*

Month

*13*

Day

Age *19*

Years

Months

Days

Sex *Female*

Occupation

Color or  
Race*Black*Birth-  
place*Cal. Co.*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's Name *Henry Lear*Father's Birthplace *Balto. City*Mother's Maiden Name *Johannah Middleton*Mother's Birthplace *Pr. George Co.*Name of person giving  
In formation *George Smith*How related  
to deceased *None*

## CAUSES OF DEATH

**130**

Primary

*Pelvic Cellulitis*

How long

*8 months*

Immediate

How long

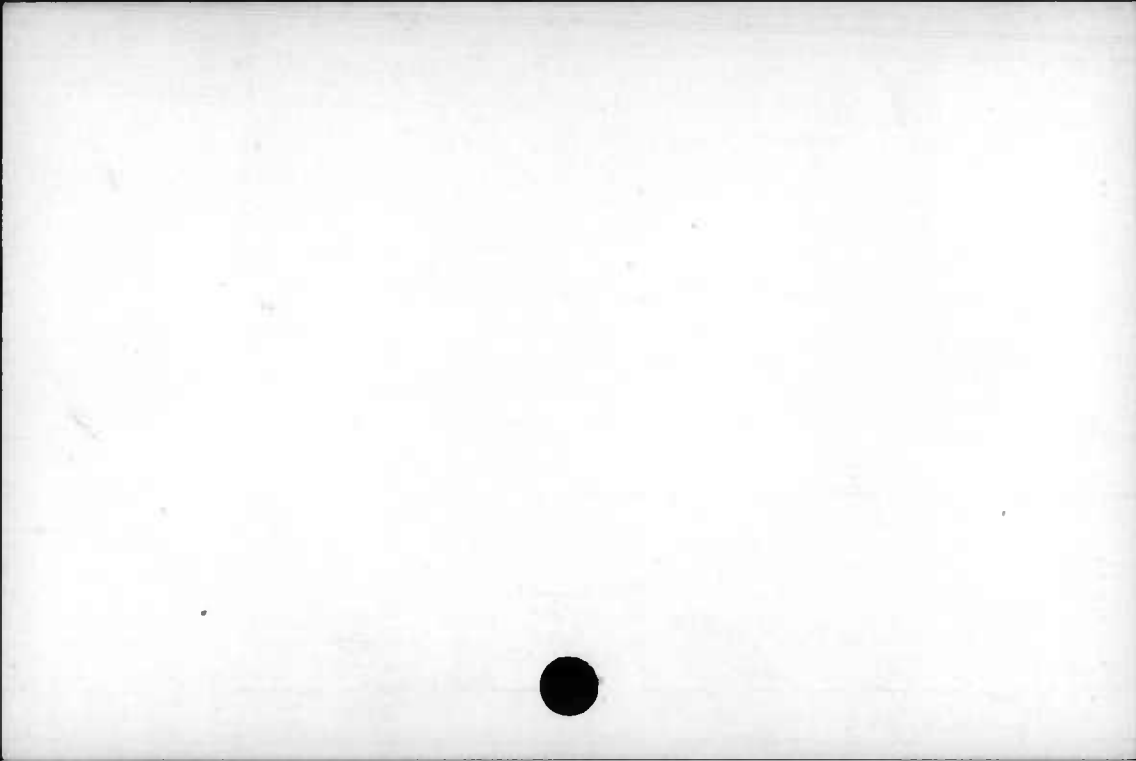
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*J. W. Leitch*  
*Huntingtown*  
*Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
In  
FullWilliam Francis Coslin  
Town Corr Pt. County Calvert

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1907 May 22

Day

Age

Years

70

Months

8

Days

-

Sex

Male

Color or  
Race

White

Birth-  
place

Calvert Co

Occupation

Merchant

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Laura A. Stenton

Father's  
Name

William Coslin

Father's  
Birthplace

Calvert Co

Mother's  
Maiden Name

Jane Elizabeth Groper

Mother's  
Birthplace

Calvert Co

Name of person giving  
Information

James Coslin

How related  
to deceased

Brother

## CAUSES OF DEATH

V05

Primary

Chronic Diarrhea

How long

6 Months

Immediate

Prostration

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

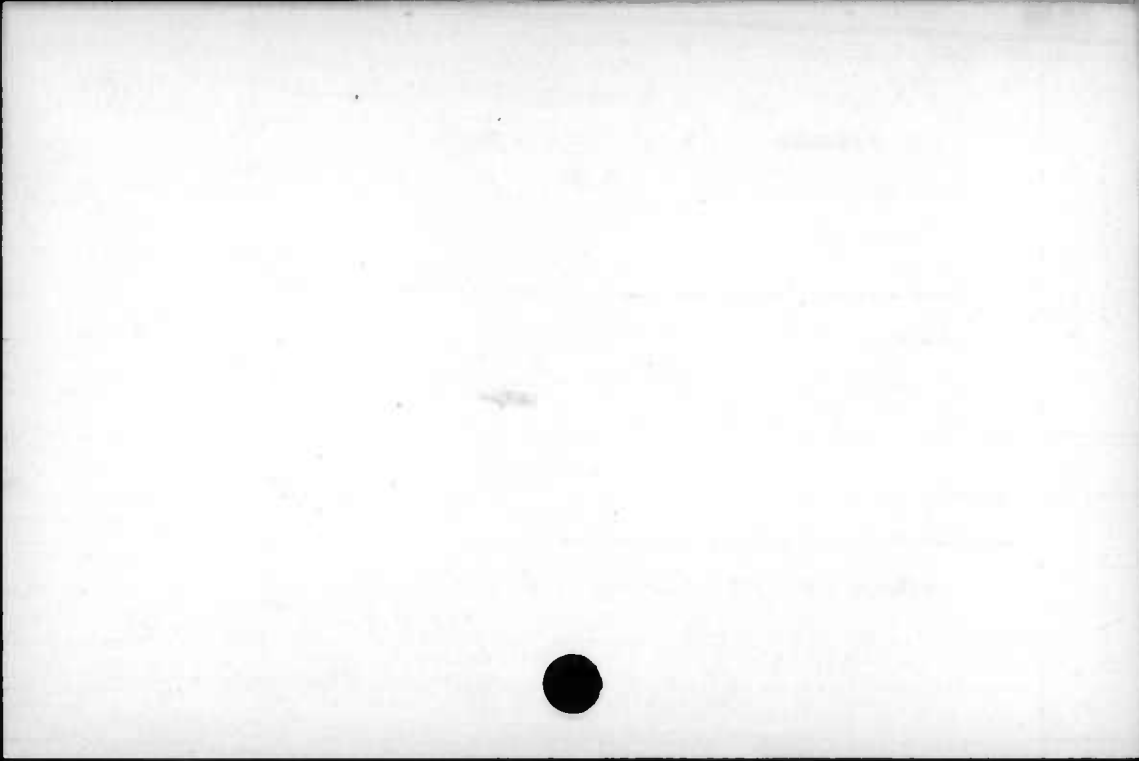
Dr F Chambers M.D.

Address

Lusby, Calvert Co

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Lizzie Davis

## CERTIFICATE OF DEATH

Died at *Huntingtown* Town *Calvert* County

MARYLAND

Date of death *1907* *May* Month *22* Day Age *73* Years Months DaysSex *Female* Color or Race *Black* Birth-place *Cal. Co.*Occupation *Wife* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *Richard Davis*Father's Name *Samuel Chase* Father's Birthplace *Cal. Co.*Mother's Maiden Name *Annie Mackall* Mother's Birthplace *" "*Name of person giving information *Robt. Thomas* How related to deceased *none*

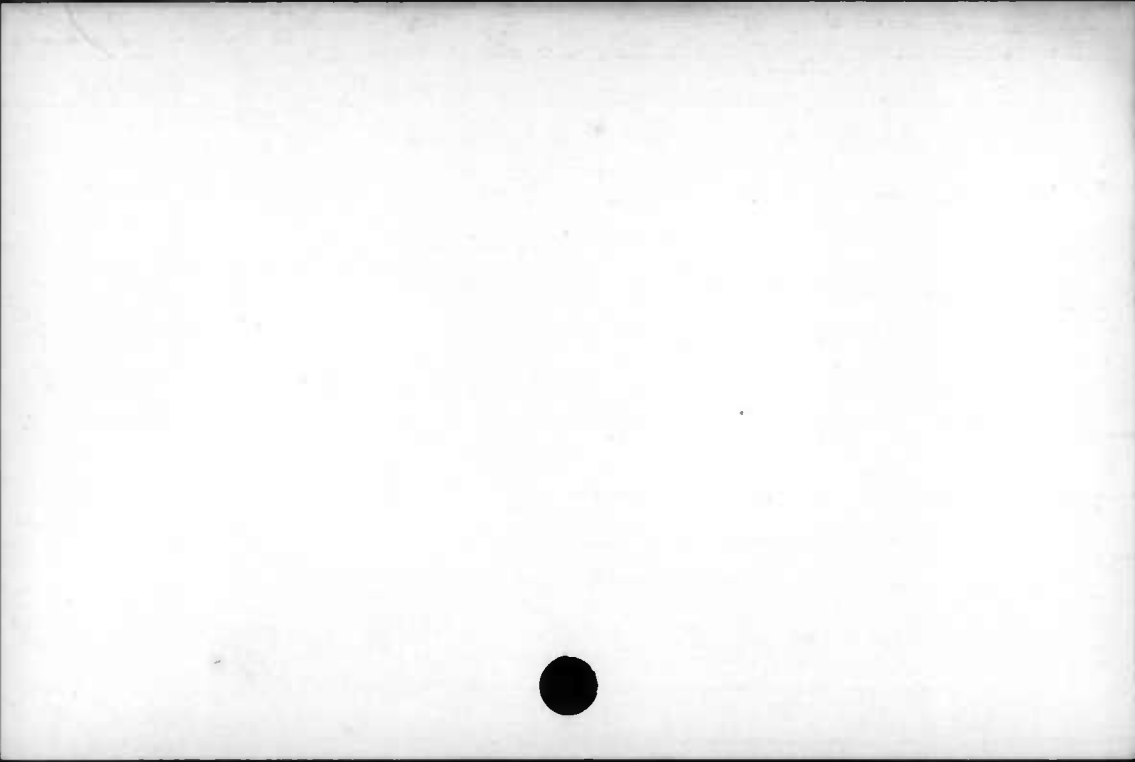
## CAUSES OF DEATH

93

Primary *Pneumonia* How long *48 hrs*Immediate *Heart failure Sudden* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. W. T. Eitch*Address *Huntingtown Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Cornelius Johnson

Town

County

Died at

Fragrant

Calvert

MARYLAND

Date

of death 190

Month

7 May

Day

18

Age

Years

About 80

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Calvert Co

Occupation

Carpenter

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or

Amanda Brown

Father's  
Name

William H. Johnson

Father's  
Birthplace

Calvert Co

Mother's  
Maiden Name

Hannah Butler

Mother's  
Birthplace

Calvert Co

Name of person giving  
In formation

William T. Johnson

How related  
to deceased

Son

## CAUSES OF DEATH

154

Primary

Senile Debility

How long

5 Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

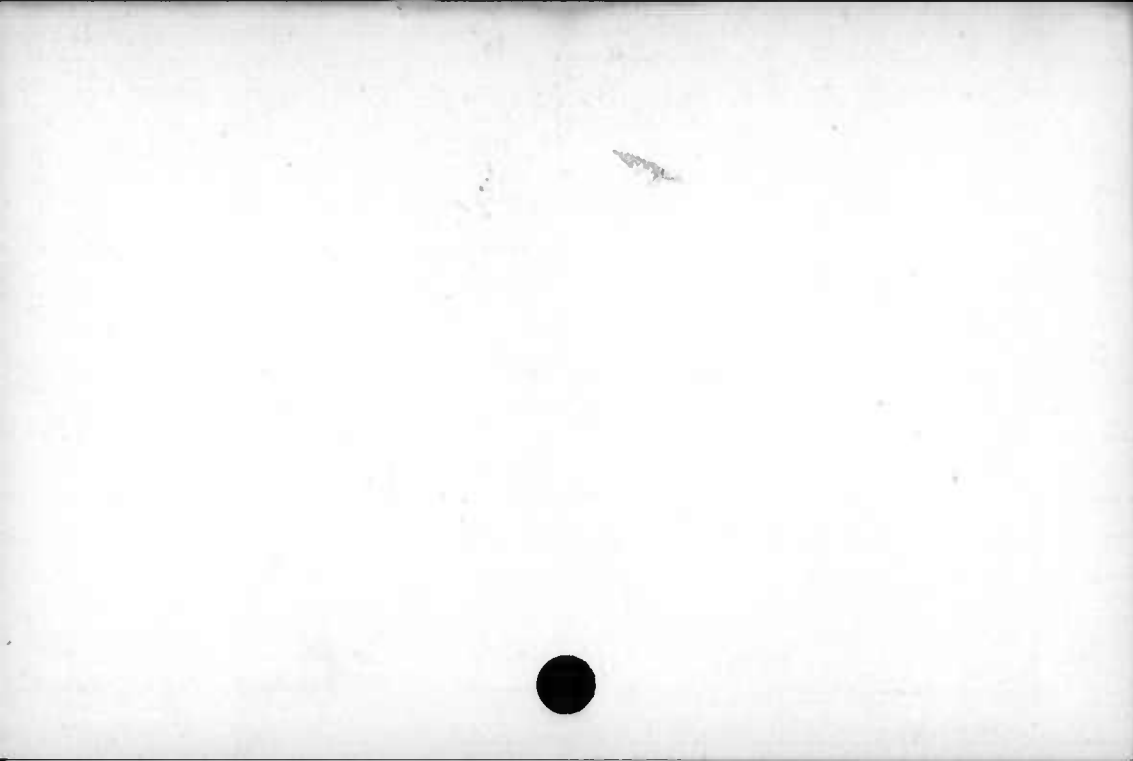
Dr. J. Chambers MD

Address

Lusby, Calvert Co

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

(not named) Lane

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

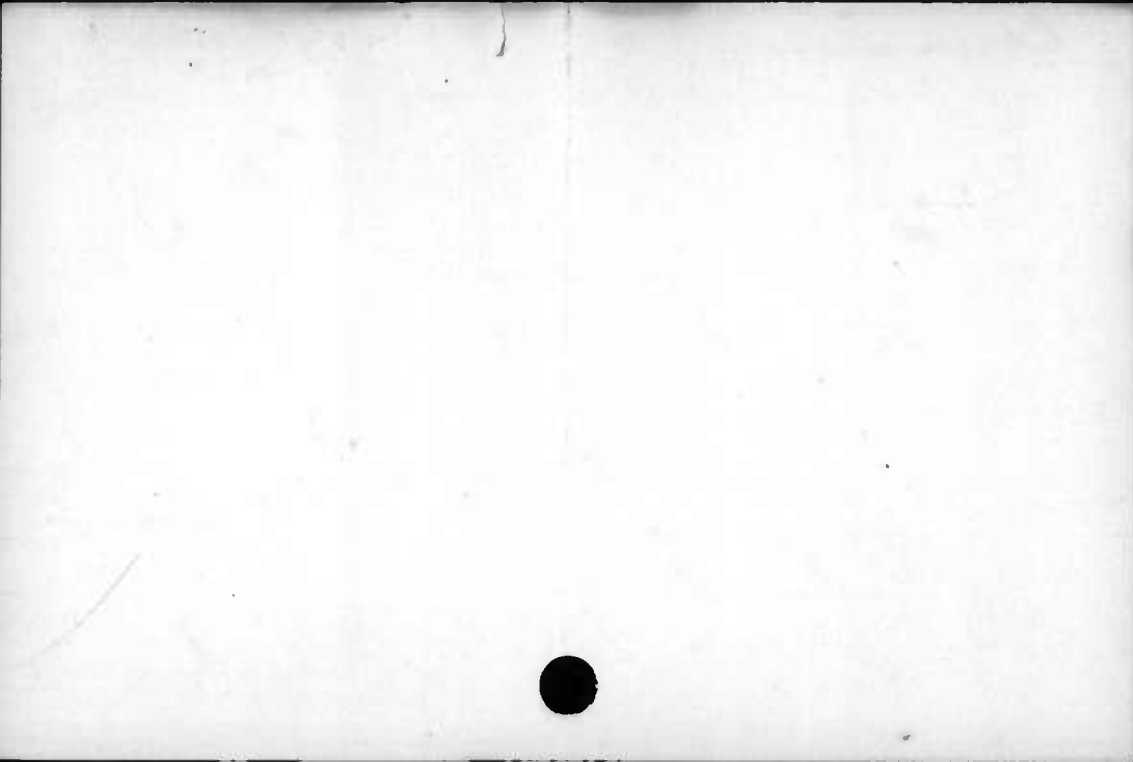
Died at		Town Dunkirk		County Calvert		MARYLAND	
Date of death 1907		Month May		Day 9		Age Years Months Days 2	
Sex Female		Color or Race Colored		Birth- place Dunkirk, Md.			
Occupation none				Where Residing if not at place of death			
Married, Single- or Widowed Single		Name of Wife or Husband					
Father's Name unknown		Father's Birthplace					
Mother's Maiden Name Rebecca Lane		Mother's Birthplace Calvert Co. Md.					
Name of person giving Information Henry Lane		How related to deceased Grandfather					

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary Transition		How long 2 days.	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. P. M. Chaney, Md.	
		Address Chaney, Md.	
Accident or Suicide?			



Name  
in  
Full

Alexandria Parrau

## CERTIFICATE OF DEATH

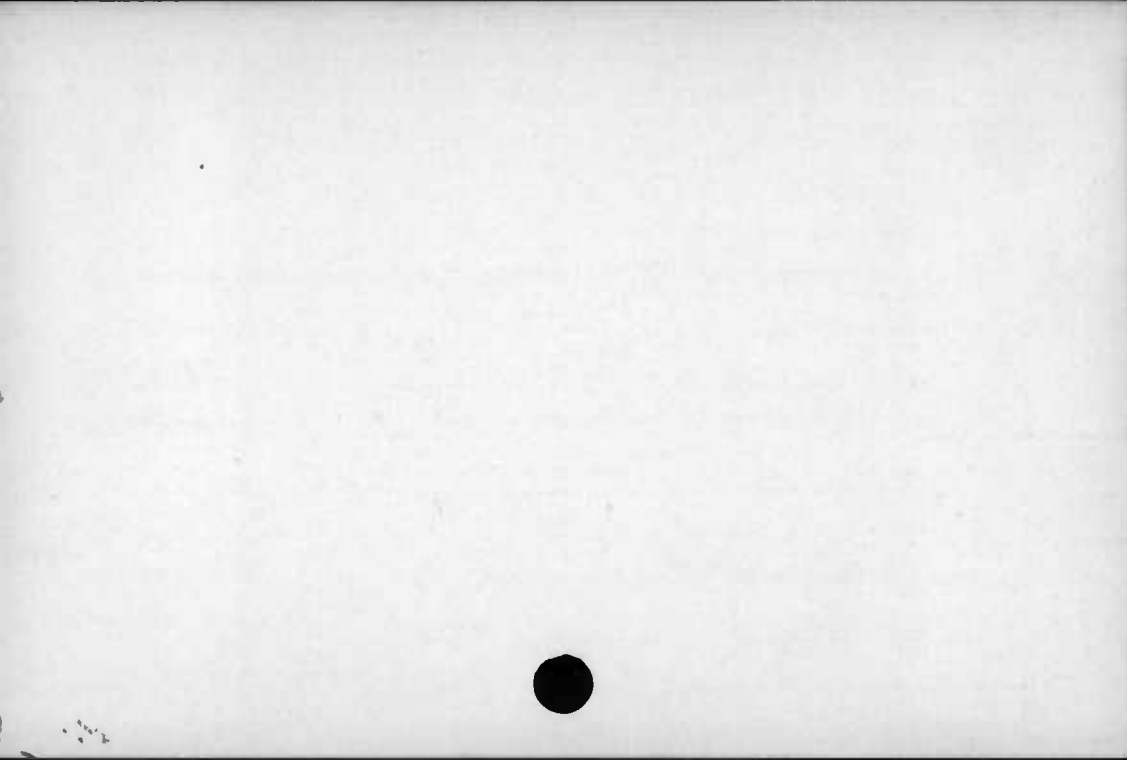
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Parker Creek Calvert		County Maryland	
Date of death	1907	Month May	Day 27	Age —	Months 2
Sex	Male		Color or Race	Black	
Occupation	A		Birth- place	Calvert	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband			—		
Father's Name			Samuel Parrau		
Mother's Maiden Name			Annie Parrau		
Name of person giving In formation			Samuel Parrau		
Father's Birthplace			Calvert Co.		
Mother's Birthplace			Calvert Co.		
How related to deceased			Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	4 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		L. M. King MD	
		Address	
		Baltimore Md.	
Accident or Suicide?			





Name  
in  
Full

Sarah Jane Thomas

## CERTIFICATE OF DEATH

MARYLAND

Died at *Oliver* <sup>Town</sup>*Calvert* <sup>County</sup>Date of death *1907* <sup>Month</sup> *May*Day *2*Age *about 68* <sup>Years</sup>Months *—*Days *—*Sex *Female*Color or Race *White*Birth-place *Calvert Co Md*Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of ~~Wife~~ or Husband *Isiah Thomas*Father's Name *Benjamin Ward*Father's Birthplace *Calvert Co*Mother's Maiden Name *Sallie Sutton*Mother's Birthplace *Calvert Co*Name of person giving information *Frank Thomas*How related to deceased *Son*

## CAUSES OF DEATH

Primary *Influenza**(10)*How long *2 or 3 weeks*Immediate *General debility*How long *8 months*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Geo F Chambers MD*Address *Lusby, Calvert Co*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

